

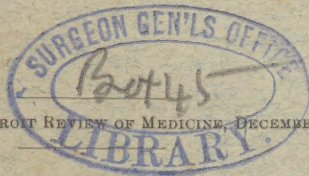
Jenks (S. W.)

TWO CASES
OF
ELEPHANTIASIS ARABUM.

BY

EDWARD W. JENKS, M. D.,

Professor of Gynæcology in Detroit Medical College.



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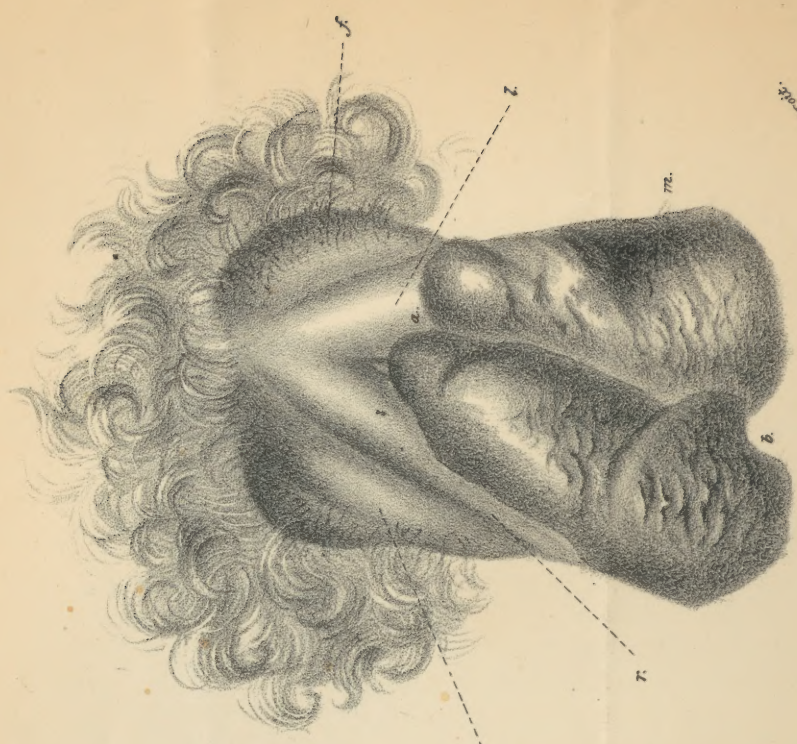
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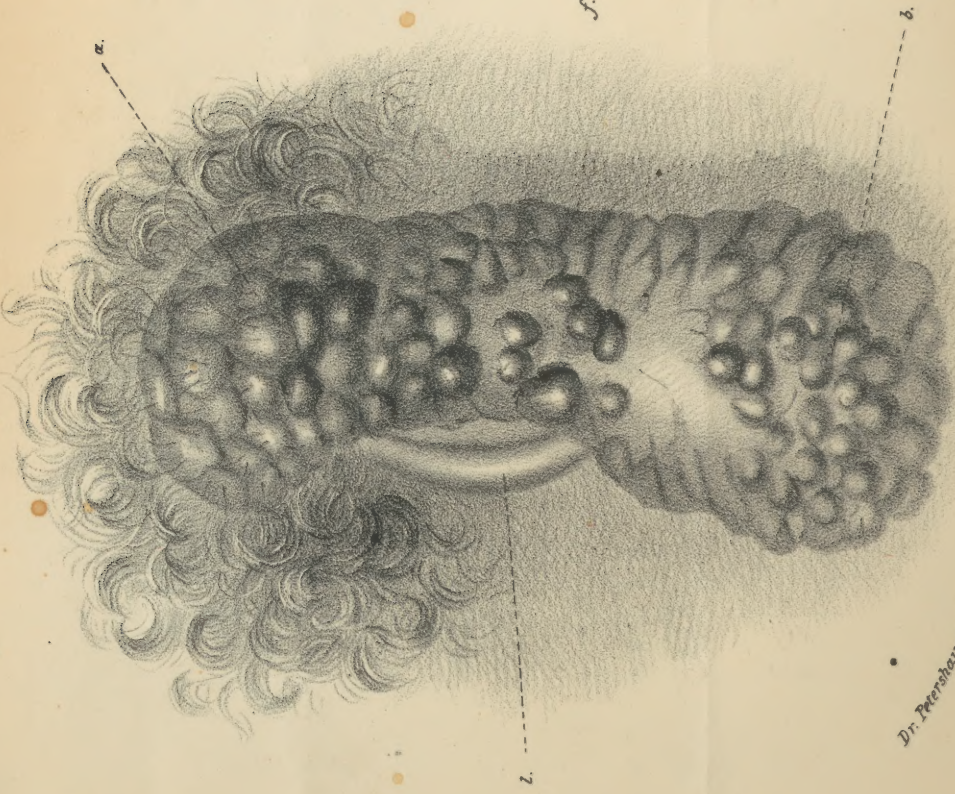
1876.

The Colaptes auratus, Detroit.

II.



I.



Dr. Petershausen, del.

TWO CASES OF ELEPHANTIASIS ARABUM.

By E. W. Jenks, M. D., Prof. of Gynecology in Detroit Medical College.

THE infrequency of elephantiasis arabum in this country has prompted me to relate two cases I have operated upon at the college clinic for diseases of women, with the results of treatment.

Case I.—Mrs. —, aged about thirty; a brunette; is the mother of several healthy children, and, at the time of her visit to the clinic, was in the fourth month of pregnancy. She walked with difficulty into the lecture room, and stated that she had a tumor upon the left side of her privates, for which she sought relief. Upon examination, there was seen a tumor of the left labium major, which is quite well represented by figure No. 1 of the plate accompanying this article. The patient further said that this growth had been troubling her for more than two years, that during her last pregnancy it became larger and painful, and was a serious impediment to childbirth, and for these reasons she wished it removed before pregnancy was further advanced.

The tumor, involving all of the integumentary portion of the labium, and spreading out over a goodly portion of the mons veneris, measured, from anterior to posterior margins, a distance of between eight and nine inches, and was about three inches broad in its widest place. It was difficult, and at times painful, for the patient to walk, on account of the magnitude of this growth, and the parts contiguous to it becoming excoriated from the frequent rupture of minute integumentary abscesses, and the subsequent watery oozing from them.

The very dark and warty appearance of the tumor, its history and locality, seemed to leave no doubt as to its being true elephantiasis arabum. The accompanying lithograph, from a draw-

ing made by Dr. Petershausen, quite accurately represents its appearance. The surgical procedure for the removal of this growth was so simple as to scarcely merit a minute description. There is one feature connected with it, however, of decided interest, and that is this: While I endeavored to cut away all of the labial portion, I purposely left a part of the tumor upon the pubes, for, if I cut it all away in that locality, there would be such a large surface to heal by granulation, that I decided to leave uncut a part of it, until the completion of her pregnancy. The wound healed by the first intention, and the patient returned home. Three months later she came back, saying that the growth was returning, and that she had recently miscarried. Upon examination, I found the tumor as large as ever upon the pubes, and extending backwards a third of the distance of the labial cicatrix, like a rough, dark cord. I again operated, being careful this time to remove every vestige of the diseased integument. In the course of the operation, if the knife cut any portion of the growth, there would immediately follow a serous exudation, so that it was easy to tell by this occurrence when I got beyond the seat of the disease and cut into healthy tissues. The wound healed kindly, and in due time the patient returned to her home in Indiana apparently well, and, although more than a year has elapsed, I have not yet heard of any return of the disease.

I am indebted to my friend, Dr. Petershausen, now residing in New York, for the following histological report concerning this case:

"The tumor presents a case of true pachydermia (elephantiasis arabum). Its surface is covered by a mass of warty projections; the skin is grayish, hard and fissured. The enlargement is principally caused by hypertrophic growth of the corium and subcutaneous layer. Their connective tissue cells are enlarged, and especially the tissue of the corium is infiltrated by newly formed cells. The hair follicles lie from a quarter to half an inch deep. The epidermis and the rete malpighii are somewhat thickened, and the latter contains pigmentary deposits."

EXPLANATION OF FIG. NO. I OF THE PLATE.

l, right labium majus, healthy; *a*, upper part of the pachydermatous tumor, covering a part of the mons veneris; *b*, lower portion of the tumor occupying the perineum.

Case No. II. Miss —, aet. twenty-two, a brunette, of French parentage, came to the clinic for the purpose of having removed from the vagina a tumor of a year's growth, which she said was still rapidly growing, making it difficult and painful for her to walk or engage in any pursuit. The tumor of which she spoke is the one represented by Figure No. 2, and that its location and relation may be better understood, the reader's attention is called to the following description of the accompanying lithograph:

EXPLANATION OF FIGURE NO. II. OF THE PLATE.

Fig. II: *ff*, Folds of anterior portion of labia majora, the remaining portions of the great lips being hidden from view; *l*, anterior part of the left labium minus; *a*, middle part of the right labium minus; *m*, enlarged left labium minus. The right labium minus is shown without any letter to designate it in the figure. *a b*, the light line between these letters is designed to indicate the introitus vaginæ, but the actual opening to the canal had its anterior boundary immediately forward of the nodule seen near the letter *b*.

The lithograph represents the appearance of the growth as the cast and drawing were made, when the patient was in the usual lithotomy position for operation; the anterior aspect of it is not well shown. The urine was voided just above the nodular point, near letter *b*. The figure does not well exhibit the elongated clitoris, which was fully an inch and a half long, and could be felt in the mass like a large cord. The tumor seemed to begin at the clitoris and the anterior portions of the labia minora, and as it increased, the introitus vaginæ was narrowed by its anterior closure. The urine came out near the anus, back of the growth, instead of in front of it, as one might be led to think by the lithographic attempt to show the fissure between the enlarged labia minora. The appearance of this excrescence closely resembled the figure found in so many text-books upon diseases of women, credited to McClintock, as an illustration of syphilitic hypertrophy of the nymphæ. The patient exhibited at this time no sign of syphilis, but acknowledged that she had suffered from it. The operation

for the removal of the tumor simply consisted in excising the entire mass, and putting a ligature around the base of the hypertrophied clitoris. Three days after a hard rubber vaginal dilator was inserted and ordered to be worn most of the time, until the parts were healed.

The wound was slow in healing, but she was discharged as cured at the end of ten weeks. About three weeks after her discharge she returned with a freshly contracted chancre, and stated in explanation that as there was no obstacle to coition, she had returned to her former mode of life. She continued to make weekly visits to the clinic for about two months, to be treated for the syphilis, and finally ceased coming, but at her latter visits there seemed to be no return of the growth for which she first consulted me. Dr. Petershausen kindly made a microscopical examination of the diseased mass, and furnished me the following report:

"The bilateral tumor resembles pachydermia. Its surface is puckered, tawny and resistant; the epidermis and rete malpighii are little involved in the hypertrophic growth of the skin, and only a small amount of pigment is deposited in the last mentioned layer. The corium is greatly enlarged on account of the increase of fibro-cellular tissue in this layer; only few cells are entangled in their portion. The hair follicles and glands do not lie much deeper than is usual. From the structure of this tumor it will be apparent that it must be placed between pachydermia and fibroma."

Malaria, syphilis and filth are generally considered by medical writers as among the direct causes of elephantiasis arabum in those countries where it is the most common. In the first case here reported there was no evidence of any syphilitic taint, but the woman lived in a markedly malarial district. In the last one there was the history of constitutional syphilis, and an acknowledged mode of life which would render her liable to such disease. Both women were very dark brunettes, each having coarse, tawny skin. Neither were they over-cleanly in their habits.

Exception might be taken to calling the last case elephantiasis arabum, but its locality, including the hypertrophied clitoris, its appearance, the commonly received opinion of syphilitic taint caus-

ing pachydermia, and, finally, the histological investigations, are sufficient warrants for thus classifying it.

Quite a number of articles have appeared in some of the leading medical journals of late years, upon elephantiasis arabum, occurring upon the external genitalia of woman, wherein the pathology and histology of the disease have been discussed, in connection with description of cases, among which is one by Dr. Wm. Jenks, of Philadelphia, in the *Amer. Sup. of the Obstet. Jour. of Great Britain*, for February, 1874, and another by Dr. Chadwick, of Boston, in the *Amer. Jour. of Obstet.*, for August, 1875.

Prof. Bryk, of Krakow, published in 1869, twelve cases of elephantiasis arabum, in *Oesterr. Zeitschr. f. pr. Heilk.*, among which is one case (No. iv.) of elephantiasis of clitoris and labia minora, complicated with syphilis, in a girl twenty-three years of age—a case of five years' standing, where there was enlarged clitoris and nymphæ, with pruritus, fluor albus, excoriation of labia and covering of the tumors with condylomata.

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